"IMPACT OF SWACHH BHARAT ABHIYAN ON SCHEDULED TRIBES' COMMUNITY IN GADAG DISTRICT: A SOCIAL WORK PERSPECTIVE"

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By

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Research Topic:

"Impact of Swachh Bharat Abhiyan on Scheduled Tribes Community in Gadag District: A Social Work Perspective"

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Introduction:

The Swachh Bharat Abhiyan (SBA), launched on October 2, 2014, by Prime Minister Narendra Modi, is one of India's most ambitious national initiatives aimed at achieving universal sanitation and hygiene. The campaign was launched as a tribute to Mahatma Gandhi's vision of a clean and healthy India, with a goal to eliminate open defecation, promote proper waste management, and raise awareness about hygiene practices. During the launch, Modi emphasized the significance of the mission by stating*, "A clean India would be the best tribute India could pay to Mahatma Gandhi on his 150th birth anniversary in 2019."* The initiative aimed to integrate sanitation into national policy and public consciousness, recognizing its crucial role in public health, environmental sustainability, and economic development. The campaign adopted a multi-faceted approach, addressing sanitation infrastructure development, behavioral change, and community participation to create a long-term impact. SBA was structured into two components: Swachh Bharat (Gramin), which focused on rural sanitation under the Ministry of Drinking Water and Sanitation, and Swachh Bharat (Urban), which targeted urban waste management under the Ministry of Housing and Urban Affairs. Through government initiatives, community involvement, private sector participation, and awareness campaigns, SBA transformed into a people-driven movement aimed at fostering a culture of cleanliness across all sections of society.

Mahatma Gandhi firmly believed that *"sanitation is more important than independence,"* emphasizing cleanliness as a fundamental right and necessity for human dignity, health, and overall well-being. Despite numerous governmental efforts over the years, marginalized communities, particularly Scheduled Tribes (STs), have continued to face significant challenges in accessing sanitation facilities. Due to their geographical remoteness, socio-economic disadvantages, and lack of infrastructure, many ST communities have historically struggled with poor sanitation, inadequate waste disposal systems, and unsafe drinking water, making them more vulnerable to disease outbreaks, malnutrition, and poor health outcomes. The Swachh Bharat Abhiyan played a pivotal role in addressing these disparities by constructing toilets, improving water access, promoting sanitation awareness, and encouraging community-driven waste management solutions. However, despite its achievements, the impact of SBA on ST communities remains an essential area of study, particularly in terms of policy effectiveness, community engagement, and sustainability of sanitation improvements.

To understand the true impact of the Swachh Bharat Abhiyan (SBA) on Scheduled Tribes (ST) communities, it is crucial to address the distinct challenges they face regarding sanitation and hygiene. Many ST communities live in remote and geographically isolated areas, where access to basic sanitation infrastructure is often limited or non-existent. Due to their socio-economic disadvantage and lack of essential services, these communities have historically struggled with poor sanitation, inadequate waste management, and unsafe drinking water. Cultural practices and a lack of awareness about the importance of sanitation have further worsened these conditions. The SBA, with its focus on improving sanitation facilities, enhancing water accessibility, raising hygiene awareness, and encouraging community-driven waste management, has become an important tool in addressing these challenges. This research aims to assess the effectiveness of the SBA in meeting the sanitation needs of ST communities, identify areas for improvement, and offer suggestions for enhancing the sustainability of sanitation efforts in these regions. By focusing on the unique needs of tribal populations, this study seeks to inform future policies and interventions aimed at improving sanitation in marginalized communities and contributing to the vision of a cleaner and healthier India.

Origin and Development of India's Swachhata Legacy:

The origins of India's legacy of cleanliness and sanitation can be traced back over 4,600 years to the Indus Valley Civilization, which flourished during a time when other parts of the world were only beginning to transition from nomadic life to settled communities. While early Neolithic societies in Britain were still constructing primitive huts and adopting basic agricultural practices, the Indus Valley had already developed a highly sophisticated urban culture marked by well-planned cities, multi-room brick houses, intricate artifacts, and long-distance trade with regions like Mesopotamia and Persia. Cities such as Rakhigarhi, located in present-day Haryana, stood as early marvels of engineering and urban planning. Spanning several kilometers, these cities were organized in a grid-like layout, with straight roads intersecting at right angles and civic infrastructure embedded within fortified citadels. What distinguished the Indus civilization from its contemporaries was its remarkable emphasis on sanitation and public hygiene an ethos deeply integrated into its urban planning and day-to-day life, reflecting a civic consciousness that would resonate through the centuries as a defining feature of Indian culture.

One of the most notable achievements of the Indus Valley Civilization was its advanced waste management and sanitation infrastructure. Homes in major cities such as Mohenjo-daro and Lothal were equipped with private toilets both sitting and squatting types—linked to terracotta drainage systems that led to soak pits or covered street drains. This was an extraordinary innovation for the ancient world, where communal latrines or open defecation were the norm. Excavations have revealed that these drainage systems were not only extensive but also intelligently engineered. For instance, drains were laid out beneath streets with regular inspection holes and sedimentation pits to ensure easy maintenance and prevent blockages. The use of uniformly cut, oven-baked bricks added strength and durability to the structures, while the design of sewer lines incorporated curved bricks and self-cleaning slopes to reduce friction and prevent stagnation. Lothal's sewer system, measuring over 1.5 meters deep and nearly a meter wide, featured radial-brick cesspools and wooden grates to trap solid waste. In addition, the engineers took advantage of natural phenomena such as monsoon rains to flush out accumulated debris, making the system largely self-sustaining. These developments indicate not just technical ingenuity but a sophisticated understanding of public health, water management, and civic planning that would not be replicated in many parts of the world for centuries.

The sanitation systems of the Indus Valley reflect more than technological advancement; they underscore a cultural value of cleanliness as a fundamental aspect of community living. The idea of *Swachhata Sanskriti*, or cleanliness culture, can be traced back to these early urban centers where hygiene was interwoven with infrastructure, architecture, and daily routines. By 2500 BCE, nearly every home in Lothal reportedly had access to a water-borne toilet system, outpacing even classical civilizations like Rome, which later struggled with sanitation challenges. This early commitment to cleanliness laid a civilizational foundation that continues to influence India's public health initiatives today. The modern *Swachh Bharat Abhiyan* (Clean India Mission), launched in the 21st century, echoes the values established thousands of years ago in the Indus Valley. These ancient practices serve as a powerful reminder that the pursuit of sanitation and public hygiene is not merely a contemporary concern but a timeless principle embedded in India's historical identity. Recognizing and learning from this legacy allows India to draw strength from its past while striving for a cleaner, healthier, and more sustainable future.

Swachh Bharat Mission:

Sanitation has been an integral part of India's history, evolving from ancient practices to modern policies aimed at ensuring hygiene and public health. The advanced drainage systems of the Indus Valley Civilization reflect the country's early commitment to cleanliness. However, despite such historical advancements, sanitation remained a significant challenge, particularly in rural areas. The lack of proper sanitation facilities led to widespread health issues, environmental pollution, and safety concerns, disproportionately affecting women, children, and marginalized communities. Poor hygiene and open defecation contributed to waterborne diseases and malnutrition, underscoring the urgent need for large-scale intervention.

By 2014, only 39% of the population had access to proper sanitation, highlighting a critical gap in infrastructure and awareness. Recognizing the urgency of the issue, the Government of India launched the Swachh Bharat Mission (SBM) on October 2, 2014, to transform the country's sanitation landscape. This nationwide initiative aimed to eliminate open defecation, improve waste management, and promote hygiene awareness at both individual and community levels. SBM focused not only on building toilets but also on changing public attitudes towards cleanliness through education, awareness campaigns, and policy-driven reforms. By integrating sanitation with public health and social development, the mission became one of the most impactful public welfare initiatives in India's history, fostering long-term behavioral change and infrastructural improvements.

History of Swachh Bharat Abhiyan:

Sanitation and access to clean drinking water have been long-standing challenges in India. Although efforts to address these issues began with rural sanitation programs in 1954, progress remained slow. By the 1981 Census, rural sanitation coverage was only 1%, underscoring the need for focused intervention. After the declaration of the International Decade for Drinking Water and Sanitation (1981-1990), the Indian government intensified its efforts. By 2015, 40% of the population had access to improved sanitation, though rural areas lagged significantly behind, with only 29% coverage. Several initiatives were introduced over the decades, starting with the Central Rural Sanitation Programme (CRSP) in 1986, which focused on building sanitary latrines for the poor and promoting hygiene awareness. In 1999, the Total Sanitation

Campaign (TSC) expanded these efforts, and in 2003, the Nirmal Gram Puraskar recognized villages that achieved total sanitation.

Despite these efforts, the country still faced immense sanitation challenges, leading to the launch of the Swachh Bharat Abhiyan (SBA) in 2014. Launched by Prime Minister Modi on Mahatma Gandhi's 145th birth anniversary, the mission aimed to make India open defecation-free (ODF) by 2019. The SBA prioritized the construction of toilets, waste management, village cleanliness, and safe drinking water. With a goal of building 10 crore toilets, the mission achieved significant progress, constructing nearly 2 crore toilets by 2019. However, the SBA emphasized not just infrastructure but also behavioral change through public education, promoting ODF villages, and fostering community participation. The ongoing collaboration of government bodies, NGOs, and local communities is crucial for ensuring the mission's success and long-term impact.

Goal of Swachh Bharat Mission:

The Swachh Bharat Mission (SBM), launched in 2014, set out to create a cleaner India by 2019, primarily focusing on ending open defecation, especially in rural regions. It was envisioned as a large-scale public campaign to shift social attitudes toward sanitation and hygiene. A key part of the initiative involved encouraging the construction of toilets in individual homes and public spaces while also establishing systems to monitor their usage and maintenance.

Although the government initiated and funded much of the program, its true success depended on the active involvement of citizens. Community engagement and cooperation from various sectors including local authorities, NGOs, and civil society were vital in driving the mission forward. Prime Minister Narendra Modi characterized the campaign as a homage to Mahatma Gandhi on his 150th birth anniversary, underscoring its symbolic significance and role in uniting the nation around a common cause. Beyond improving sanitation, the mission aimed to foster a broader sense of shared duty and national pride in building a cleaner, healthier country.

Swachh Bharat Abhiyan Objectives:

The Swachh Bharat Abhiyan seeks to raise awareness about the importance of sanitation and hygiene in India. The initiative aims to engage every citizen, regardless of their background, and promote shared accountability for a cleaner and healthier nation. Its primary objective is

to establish the necessary sanitation infrastructure, including individual and community toilets, with particular emphasis on underserved and economically disadvantaged regions.

This includes converting dry latrines into affordable sanitary ones, as well as providing hand pumps, bathing facilities, sanitary marts, drainage systems, and efficient waste disposal solutions. The mission is focused on improving sanitation in both rural and urban areas, thereby enhancing public health and education.

Earlier initiatives, such as the Total Sanitation Campaign and Nirmal Bharat Abhiyan, faced challenges in achieving substantial and lasting impact. However, the Swachh Bharat Abhiyan aims to bring about meaningful change by constructing essential toilet facilities, influencing public behaviour, and promoting hygiene awareness. One of its core goals was to achieve Open Defecation-Free (ODF) status across India by 2019, ensuring that every individual has access to adequate sanitation facilities.

The key objectives of the Swachh Bharat Abhiyan include:

1. **Construction of Toilets**: Establish individual, community, and cluster toilets to ensure that all people have access to sanitation facilities.
2. **Elimination of Open Defecation**: End the practice of open defecation, which is linked to preventable diseases and child mortality.
3. **Latrine Development & Monitoring**: Build proper latrines and create a system for monitoring their construction and regular use.
4. **Public Awareness Campaigns**: Raise awareness about the dangers of open defecation and promote the use of toilets for better health and hygiene.
5. **Behavioral Change Efforts**: Deploy local staff to encourage sustainable hygiene practices, with a focus on long-term change.
6. **Transformation of Mindsets**: Shift public attitudes toward recognizing the importance of proper sanitation and cleanliness.
7. **Village Cleanliness**: Maintain cleanliness and sanitation in rural areas on a regular basis.
8. **Waste Management**: Implement effective systems for managing solid and liquid waste, with a focus on local governance through Gram Panchayats.

9. **Water Supply Infrastructure**: Develop water pipelines in rural areas to ensure universal access to clean water, aiming for complete coverage by 2019.

Swachh Bharat Mission - Grameen (SBM): Phase I (2014-2019):

Swachh Bharat Mission – Grameen (SBM) Phase I (2014–2019) was launched on October 2, 2014, by Prime Minister Narendra Modi with the primary goal of making rural India Open Defecation Free (ODF). This nationwide movement focused on improving sanitation and hygiene, especially in underserved rural areas. It quickly grew into one of the largest public-led behavior change campaigns in Indian history. The mission encouraged community participation and individual responsibility, resulting in the construction of over 100 million individual household toilets across the country. By October 2019, more than 600,000 villages had declared themselves ODF, achieving 100% rural sanitation coverage. This milestone coincided with Mahatma Gandhi's 150th birth anniversary and aligned with the United Nations Sustainable Development Goal 6.2, aimed at ending open defecation worldwide. The campaign not only improved physical infrastructure but also brought about a cultural shift towards cleanliness and personal dignity, significantly impacting public health and rural livelihoods.
Swachh Bharat Mission Phase I had an important and wide-ranging impact. As reported by the World Health Organization, the initiative contributed to preventing more than 300,000 deaths from diarrhea in 2019 compared to figures from 2014. A 2017 study by the Bill & Melinda Gates Foundation highlighted that children in ODF areas were significantly less likely to suffer from malnutrition. A UNICEF report from the same year found that 93% of women in ODF villages felt safer and more secure with access to household toilets. Economically, rural households saved an estimated ₹50,000 annually in medical costs due to improved sanitation. Furthermore, villages that achieved ODF status had a 12.7 times lower risk of groundwater contamination, according to a 2019 UNICEF study. The mission also received strong financial backing, with over ₹50,000 crore invested across sectors such as highways, railways, schools, and healthcare facilities. Initiatives like the Swachh Iconic Places (SIP) program further extended the mission's reach, focusing on maintaining the cleanliness of India's major cultural and tourist destinations with support from the private sector. These achievements reflect the transformative power of a united national effort towards hygiene and sanitation.

Swachh Bharat Mission - Grameen (SBM): Phase II (2019-2025):

Swachh Bharat Mission – Grameen (SBM-G) Phase II (2019–2025) builds upon the achievements of Phase I, aiming to transition rural India from Open Defecation Free (ODF) status to comprehensive cleanliness, termed 'Sampoorn Swachhata'. Launched in April 2020, this phase focuses on sustaining ODF status while implementing effective solid and liquid waste management (SLWM) systems. The mission's objectives encompass ODF sustainability, SLWM, and visual cleanliness, ensuring public spaces are free from litter, stagnant water, and plastic waste. With an estimated budget of ₹1.40 lakh crore, funding is sourced through the integration of various government programs at national and state levels.

Progress under SBM-G Phase II is monitored through the Management Information System (MIS), categorizing villages into three ODF Plus statuses: 'Aspiring' villages maintain ODF status with either solid or liquid waste management systems; 'Rising' villages sustain ODF status with both solid and liquid waste management systems; and 'Model' villages uphold ODF status, manage both waste types, and exhibit visual cleanliness, actively promoting ODF Plus messages through Information, Education, and Communication (IEC) initiatives . As of March 2025, out of 5,86,788 villages, 5,64,096 have declared themselves ODF Plus, with 1,12,115 as Aspiring, 7,337 as Rising, and 4,44,644 as Model villages. This significant progress reflects India's commitment to achieving universal sanitation coverage and improving rural cleanliness by 2025.

REVIEW OF LITERATURE

Reviewing the literature is essential in social science research, as it establishes a solid foundation by critically examining existing studies on the subject. This chapter examines various scholarly sources, including research papers, books, reports, and theses, focusing on sanitation initiatives in India, particularly the Swachh Bharat Mission (SBM). The main objective is to understand key findings, research methods, and gaps in previous studies, making it easier to establish the importance of the current research. The chapter is structured around three major themes: the implementation and impact of SBM, the challenges related to sanitation infrastructure and public behaviour, and the role of policies in shaping sanitation efforts. The review looks at how SBM has been implemented, its success in improving sanitation facilities, reducing open defecation, and involving the public, while also considering the differences in progress across rural and urban areas and among disadvantaged communities. It also discusses

the challenges that affect the long-term success of sanitation initiatives, such as cultural habits, lack of proper waste disposal, and inadequate water supply, stressing the need for continuous awareness and infrastructure improvements. Additionally, it examines government policies, funding, and administrative structures, comparing them with past initiatives to highlight best practices and areas that need reform. By reviewing these aspects, this chapter aims to provide a clear understanding of the progress and challenges of SBM, helping to suggest better strategies for sustainable sanitation and hygiene in India.

Varshney, Shet, and Hoosenally (2025) examined public perceptions of the Swachh Bharat Mission (SBM) to understand its strengths and areas needing improvement. Recognizing that poor sanitation remains a major contributor to health issues like diarrhea, the authors reviewed thousands of articles and focused on nine key studies that met their research criteria. Their findings show that while SBM is widely appreciated for increasing sanitation coverage and awareness, long-standing behavioural habits continue to limit its full impact. The study highlights the importance of strengthening information dissemination, particularly through media, to enhance public engagement. It also identifies weak waste management infrastructure and low community participation as ongoing barriers. The authors recommend integrating communication strategies with grassroots involvement to sustain momentum. Their insights provide valuable direction for policymakers, non-governmental organizations, and health advocates seeking to expand SBM's reach and effectiveness in promoting long-term hygiene practices across India.

Chakrabarti, S., et al. (2024) analysed the impact of the Swachh Bharat Mission (SBM) on infant mortality in India, with a particular focus on the role of improved sanitation. The study employed a quasi-experimental design, assessing two decades of data from over 600 districts using interrupted time series and difference-in-difference regression models. The findings revealed a significant increase in household toilet coverage post-SBM, which contributed to an accelerated decline in the infant mortality rate (IMR). A ten-percentage-point increase in toilet coverage was associated with a three per cent faster annual reduction in IMR. The study estimated that SBM helped save approximately 32,000 to 35,000 infant lives each year, underscoring the critical role of large-scale sanitation interventions in enhancing public health outcomes.

Ghosh Sujith (2024) directed a study on the impact of the Swachh Bharat Mission (SBM) in improving sanitation in the rural Bamautia Block of West Tripura district. Using a descriptive research design, Ghosh surveyed 160 households across four Panchayats to evaluate the progress, challenges, and community responses to SBM interventions. The study revealed that

while 75% of households had access to toilets constructed under SBM, open defecation persisted in more remote areas due to poor toilet maintenance and water scarcity. While there was high awareness of SBM, only 40% of respondents understood the importance of hygiene practices such as handwashing and waste disposal. Financial limitations, inadequate training, and insufficient Panchayat involvement were identified as key barriers to full adoption. Ghosh recommends increasing community awareness programs, providing financial support for toilet maintenance, and integrating water supply schemes with sanitation efforts. The study concludes that a comprehensive approach combining infrastructure, education, and institutional support is necessary for achieving lasting sanitation improvements.

Kumari, R. (2024) conducted a detailed analysis of the Swachh Bharat Abhiyan (SBA) and its influence on waste management practices in India, with a focus on waste collection, segregation, recycling, and disposal. The study highlights that SBA has played a crucial role in improving waste management systems by promoting systematic garbage collection, encouraging segregation at the source, and advocating for responsible recycling and disposal methods. These efforts have significantly contributed to reducing environmental pollution and enhancing resource efficiency. Additionally, the study emphasizes the importance of SBA-funded initiatives in fostering active community participation in waste management efforts. By involving local communities, the campaign has helped instil long-term sustainable practices and a culture of cleanliness. The findings suggest that SBA has brought about a meaningful transformation in waste management strategies, promoting healthier living conditions and supporting environmental sustainability.

Novotny, Borde, Ficek, and Kumar (2024) explored the effects of the Swachh Bharat Mission (SBM) in rural Jharkhand, India, focusing on the changes in sanitation outcomes and the broader context of the initiative. The study found that toilet coverage increased significantly from 15% to 85%, and open defecation rates dropped dramatically from 93% to 26%, indicating substantial improvements in sanitation practices. The mission also contributed to reducing structural inequalities by improving toilet access for marginalized communities, thereby promoting social equity. However, the study noted that while toilet infrastructure improved, knowledge about hygiene practices did not see the same progress. SBM primarily focused on toilet construction through subsidies, with less emphasis on hygiene education and awareness-building efforts. The authors suggest that a more balanced approach, which integrates education and infrastructure, is crucial for ensuring long-term sustainability and continued progress in rural sanitation.

Rushmith, A. P., et al. (2024) examined how the Swachh Bharat Mission (SBM) has contributed to achieving open defecation-free (ODF) status in villages near a private medical college in Kanchipuram, Tamil Nadu. The study looked at household awareness, toilet construction, and sanitation practices to understand how effective SBM has been. The findings showed a clear reduction in open defecation, but keeping people consistently using toilets was still a challenge. Awareness levels varied across households, which impacted how well sanitation practices were adopted. While many toilets were built under SBM, cultural norms, maintenance issues, and limited water supply often hindered their proper use. The research also highlighted the importance of community involvement and behavioural change programmes in achieving lasting sanitation improvements. A comparison of sanitation habits before and after SBM showed progress, but the study stressed the need for ongoing public awareness efforts and better infrastructure maintenance. The authors concluded that while SBM has made significant strides, continuous policy support and awareness campaigns are needed to bring about lasting behavioural change.

Sharma (2024) presented a comprehensive review titled "Understanding the Success and Challenges of Swachh Bharat Abhiyan in India," synthesizing research on the Swachh Bharat Abhiyan (SBA), India's flagship sanitation initiative launched in 2014. The review documents SBA's evolution from the earlier Nirmal Bharat Abhiyan and highlights its success in turning sanitation into a nationwide movement. Drawing from diverse empirical studies, Sharma identified key achievements such as increased toilet construction, improved sanitation coverage, and declared Open Defecation Free (ODF) status across many states. The review also critically examines persistent challenges including weak local execution, insufficient investment in Information, Education, and Communication (IEC) activities, and limited community ownership. Sharma emphasizes that while SBA made historic progress, sustaining its success requires deeper societal engagement, stronger policy integration, and long-term funding. The analysis ultimately argues for a shift from top-down infrastructure delivery to grassroots behavioural change, positioning SBA as a foundational but incomplete step toward lasting sanitation reform.

Garg, B. (2023) conducted a study to evaluate the awareness, perception, and practices of college students in Himachal Pradesh regarding the Swachh Bharat Abhiyan (SBA), highlighting the role of educated youth in ensuring the success of the campaign. Using a cross-sectional research design, data were collected from 386 students, and statistical analyses, including mean scores, ANOVA, and Chi-square tests, were utilised to assess variations in awareness and participation. The results indicated that while students generally acknowledged

the importance of SBA, nearly half did not participate in cleanliness activities regularly, highlighting a gap between awareness and consistent action. Moreover, students with a positive perception of SBA and higher awareness scores exhibited greater engagement in cleanliness drives and public awareness initiatives. The study underscored the need to bridge the gap between knowledge and practice through targeted strategies that encourage consistent participation in cleanliness campaigns among students.

Govindaraya, P. H. (2023) studied the impact of SBA on rural sanitation, focusing on Gram Panchayats in Tumkur district, Karnataka. The research explored sanitation infrastructure, toilet usage, and hygiene habits while identifying key roadblocks in making SBA more effective. Data was collected from 50 participants through a structured questionnaire. The findings showed a 20 per cent improvement in sanitation levels compared to earlier initiatives, but some major concerns remained. A significant 62 per cent of respondents were unaware of SBA, and poor hygiene habits persisted—only 18 per cent of residents in Yalanadu and 36 per cent in Heggere reported washing their hands after defecation. While toilet construction was high (91 per cent in Kora and 97 per cent in Heggere), actual usage was relatively low at 43 per cent and 58 per cent, respectively. Schools fared slightly better, with 76 per cent of toilets in Yalanadu and 89 per cent in Heggere being used, though maintenance remained an issue. The study emphasized the importance of awareness campaigns, behavioural change initiatives, and greater community involvement to ensure SBA's long-term success.

Sprouse et al. (2023) conducted a systematic review titled "Effectiveness of the Swachh Bharat Mission and Barriers to Ending Open Defecation in India", evaluating the outcomes and limitations of SBM. Framed within the context of Sustainable Development Goal 6.2, the review examined how India's sanitation policy fared in reducing open defecation, which affected nearly 60% of the population in 2016. From an initial pool of 237 studies, 22 peer-reviewed articles met the inclusion criteria. The analysis revealed a persistent gap between official claims and actual on-ground progress. Barriers included poor water access, sociocultural resistance, and lack of community trust, despite increased toilet coverage. Some areas employed incentives and penalties, with mixed success depending on local governance capacity. The review concluded that while SBM made strides, sustainability hinges on transparent monitoring, community engagement, and decentralized leadership. The study urges future policies to prioritize context-specific, participatory solutions rather than one-size-fits-all approaches to rural sanitation.

Anju Bala (2022) explored public awareness of the Swachh Bharat Abhiyan (SBA) in her cross-sectional study involving 251 participants across rural and urban areas of Punjab. The study aimed to assess societal awareness of SBA initiatives and determine whether awareness varied by socio-demographic factors such as age, gender, education, or location. Using structured questionnaires and statistical methods (including chi-square tests and rank correlation), the study found that awareness of SBA was generally high across all demographic groups. However, findings showed no meaningful link between awareness levels and socio-demographic factors, indicating that the Swachh Bharat Abhiyan's outreach effectively reached people across various segments of society. Participants included marginalized populations such as daily wage labourers, rag pickers, and sewer workers. Despite widespread awareness, gaps remained in understanding best practices for hygiene and waste management. The study emphasizes the need for continued public education to complement infrastructure-focused interventions, ensuring long-term improvements in sanitation behaviour.

RESEARCH METHODOLOGY

Statement of the Problem:

The Swachh Bharat Abhiyan (SBA) was a nationwide campaign launched to improve sanitation and eliminate open defecation, especially in rural and marginalized communities. Although the mission achieved significant progress in constructing toilets and raising hygiene awareness, its actual impact on Scheduled Tribe (ST) communities remained unclear. These communities, often residing in remote and economically disadvantaged regions, continued to encounter major challenges. Limited access to functional sanitation facilities, insufficient hygiene education, and resistance to change rooted in traditional practices created a noticeable gap between the government’s policy goals and the realities on the ground. Such disparities raised important questions about whether the SBA was inclusive enough and effectively addressing the specific needs of tribal populations.

Extensive research has consistently shown that the lack of clean water, proper sanitation, and good hygiene practices contributes heavily to disease burden worldwide, especially among children. According to the United Nations (2016), nearly 90% of diarrheal disease deaths globally were linked to poor sanitation and contaminated water sources. Improving access to Water, Sanitation, and Hygiene (WASH) services has been demonstrated to substantially reduce these health risks (Fewtrell et al., 2005; Cairncross et al., 2010; WHO, 2017). In response, India introduced several initiatives aligned with Sustainable Development Goals

(SDGs) 6.1 and 6.2, including the Swachh Bharat Mission, Jal Jeevan Mission, and WASH programs in schools. These efforts resulted in measurable improvements, such as a reduction in open defecation rates from 29% in 2015 to 15% in 2020 (World Bank, 2022). However, these national-level successes often masked the slower progress and persistent gaps in tribal-dominated areas.

Gadag district in Karnataka, categorized as an economically backward region, actively implemented the Swachh Bharat Mission to improve sanitation infrastructure. Despite these efforts, Scheduled Tribe communities in the district continued to face ongoing barriers like poor toilet accessibility, low hygiene literacy, and culturally ingrained traditional practices that limited behavioural change. Covering seven taluks, 122 panchayats, and 337 villages, the sanitation needs of the ST population demanded a focused and culturally sensitive approach that considered their unique socio-economic and cultural circumstances. This study aimed to evaluate the impact of the Swachh Bharat Abhiyan on ST communities in Gadag district, identify implementation challenges, and explore strategies to improve sanitation awareness and accessibility among tribal households. Additionally, the research examined how social work interventions could promote sustainable hygiene practices and foster long-term behavioural change within these communities.

Significance of the Study:

The Swachh Bharat Abhiyan (SBA) was introduced in 2014 as a national initiative to improve sanitation and eliminate open defecation across India. While this mission has made significant progress, its impact on marginalized communities, particularly the Scheduled Tribes (STs), requires thorough examination. Many ST communities still struggle with poor sanitation due to factors like geographical remoteness, lack of proper infrastructure, financial difficulties, and traditional practices that affect hygiene adoption. Despite government initiatives, challenges such as limited awareness, resistance to behavioral change, and socio-economic barriers continue to hinder the program's success in these areas. This study aims to evaluate the effectiveness of SBA in improving sanitation infrastructure, waste management, and hygiene awareness among ST communities in Gadag district. It also investigates the obstacles that prevent them from accessing better sanitation and highlights the role of social work in promoting community engagement and long-term behavioral shifts. The research findings will provide insights for policymakers and social workers to develop inclusive and sustainable strategies that ensure improved sanitation and health outcomes for ST communities.

Objectives of the Study:

1. To study the socio-demographic profile of the respondents.
2. To assess the awareness of Swachh Bharat Abhiyan among the Scheduled Tribes community.
3. To understand the attitudes and practices of the Scheduled Tribes community towards the Swachh Bharat Abhiyan.
4. To examine the household cleanliness, personal hygiene, and personal and community health of the Scheduled Tribes community.
5. To evaluate the impact of Swachh Bharat Abhiyan on Scheduled Tribes community.
6. To suggest social work strategies to improve the health and hygiene of the Scheduled Tribes.

Hypotheses of the Study:

1. There is an association between gender and all dependent variables: awareness of Swachh Bharat Abhiyan, attitude and practice towards Swachh Bharat Abhiyan, household cleanliness and personal hygiene, and personal and community health among the respondents.
2. There is a significant correlation between age and all dependent variables: awareness of Swachh Bharat Abhiyan, attitude and practice towards Swachh Bharat Abhiyan, household cleanliness and personal hygiene, and personal and community health among the respondents.
3. There is a significant difference between educational level and all the dependent variables: awareness of Swachh Bharat Abhiyan, attitude and practice towards Swachh Bharat Abhiyan, household cleanliness and personal hygiene, and personal and community health of the respondents.
4. There is a relationship between income and all dependent variables: awareness of Swachh Bharat Abhiyan, attitude and practice towards Swachh Bharat Abhiyan, household cleanliness and personal hygiene, and personal and community health among the respondents.
5. There is a significant difference between occupation and all the dependent variables: awareness of Swachh Bharat Abhiyan, attitude and practice towards Swachh Bharat Abhiyan, household cleanliness and personal hygiene, and personal and community health of the respondents.

6. There is a significant difference between place of residence and all the dependent variables: awareness of Swachh Bharat Abhiyan, attitude and practice towards Swachh Bharat Abhiyan, household cleanliness and personal hygiene, and personal and community health of the respondents.
7. There is a significant difference between family structure and all the dependent variables: awareness of Swachh Bharat Abhiyan, attitude and practice towards Swachh Bharat Abhiyan, household cleanliness and personal hygiene, and personal and community health of the respondents.
8. There is a significant difference between type of house and all the dependent variables: awareness of Swachh Bharat Abhiyan, attitude and practice towards Swachh Bharat Abhiyan, household cleanliness and personal hygiene, and personal and community health of the respondents.
9. There is a significant impact of awareness of Swachh Bharat Abhiyan on household cleanliness and personal hygiene, and personal and community health among the scheduled tribes' community.
10. There is a significant influence of the attitude and practice of the Swachh Bharat Abhiyan on household cleanliness and personal hygiene, as well as on personal and community health of the respondents.

Operational Definitions:

1. **Scheduled Tribe:** Scheduled Tribes (STs) are indigenous communities in India recognized under Article 342 of the Indian Constitution. These communities face historical disadvantages and marginalization, often reflected in their limited access to resources, including healthcare and sanitation. In this study, STs specifically refer to the tribal populations residing in the Gadag District. Their unique socio-cultural background and living conditions influence their sanitation practices and interactions with Swachh Bharat Abhiyan (SBA) initiatives.

2. **Swachh Bharat Abhiyan (SBA):** Launched on October 2, 2014, by the Government of India, Swachh Bharat Abhiyan (SBA) is a nationwide campaign aiming to eliminate open defecation, improve waste management, and promote hygienic practices across the country. The campaign focuses on infrastructure development, behaviour change communication, and community participation to achieve cleaner and healthier living environments.

3. **Impact of Swachh Bharat Abhiyan:** The "impact" of SBA in this study refers to the observable and measurable changes in the sanitation practices, hygiene awareness, and waste management behaviours of the Scheduled Tribe communities. These changes include increased access to toilets, improved personal hygiene, reduced open defecation, and active participation in cleanliness drives. The study aims to understand whether SBA has successfully addressed the sanitation challenges faced by these communities.

4. **Impact:** In this research, "impact" refers to the measurable outcomes in the knowledge, attitudes, and practices (KAP) related to sanitation and hygiene. These outcomes are assessed through surveys, interviews, and discussions conducted before and after the SBA interventions. The focus is to evaluate if the campaign has effectively brought positive and sustainable changes in sanitation practices among the targeted communities.

5. **Swachh Bharat Mission:** Swachh Bharat Mission (SBM) is the policy framework of the SBA, specifically aimed at achieving universal sanitation coverage, eliminating open defecation, and promoting hygiene education. SBM focuses on constructing toilets, creating awareness, and strengthening waste management systems. In this study, SBM's success is measured by its reach, implementation, and the extent to which it has influenced positive behaviour change among the Scheduled Tribes.

6. **Hygiene:** Hygiene in this context refers to practices that maintain personal cleanliness and prevent diseases. These practices include handwashing, regular bathing, oral hygiene, and maintaining clean surroundings. The study assesses hygiene awareness and the extent to which the Scheduled Tribes have adopted healthy habits due to SBA's influence.

7. **Attitude:** Attitude reflects the beliefs, perceptions, and readiness of individuals to adopt and maintain improved sanitation practices. This study measures attitude using a five-point Likert scale to assess openness to behaviour change, perceptions about hygiene, and the willingness to practice cleanliness regularly. It explores whether SBA has positively shaped the mindset of the Scheduled Tribes toward adopting healthier sanitation behaviours.

8. **Practice:** Practice refers to the actual application of sanitation behaviours, such as consistent toilet use, proper handwashing, and appropriate waste management. This study

evaluates these practices using a rating scale to determine the consistency, effectiveness, and sustainability of SBA's influence. It seeks to understand if the Scheduled Tribes have successfully integrated improved sanitation habits into their daily lives.

Universe of the Study:

This study covers all five taluks of Gadag district, as per the 2011 Census, in Karnataka, encompassing both urban and rural areas, including 122 panchayats and 337 villages. The primary focus is on the Scheduled Tribes (STs) residing in these regions, aiming to assess the impact of the Swachh Bharat Abhiyan (SBA) on their sanitation practices and overall quality of life. By considering both urban and rural contexts, the study seeks to identify variations in program implementation, uncover challenges, and evaluate its effectiveness. Data were collected from key stakeholders, including government officials, social workers, community leaders, and local residents, to provide a comprehensive analysis of the program's reach, barriers, and impact on tribal communities. The study was focused on a population of 61,654 ST individuals in Gadag district.

Research Design:

This study employed a quantitative research approach with a descriptive research design to evaluate the impact of the Swachh Bharat Abhiyan on the Scheduled Tribes (ST) community in the Gadag district. A structured questionnaire was used for data collection to ensure the objective measurement of key variables. Through descriptive analysis, the study examined sanitation improvements, behavioural changes, and the initiative's effectiveness. Additionally, it identified implementation challenges and assessed overall program outcomes, offering a comprehensive understanding of how the Swachh Bharat Abhiyan influenced hygiene practices and sanitation behaviour among ST communities in the Gadag district.

Sample Design:

The study adopted a purposive sampling design to select respondents from Scheduled Tribes (ST) community in the Gadag district. Five taluks Gadag, Naragund, Ron, Mundaragi, and Shirahatti were intentionally included in the study due to their significant ST populations and relevance to the research objectives. Within each taluk, specific villages representing both urban and rural contexts were deliberately chosen to capture a diverse range of experiences and conditions. Individual respondents from the ST communities were then selected based on their

relevance to the study criteria, such as their involvement in or awareness of sanitation practices promoted under the Swachh Bharat Abhiyan. This targeted sampling approach ensured the collection of rich, context-specific insights into hygiene awareness, sanitation behaviours, and the program's impact within these communities.

Sample Size:

The sample size for this study was determined using the Krejcie and Morgan (1970) table, which recommends a sample of 382 respondents for a population ranging from 50,000 to 76,000. Based on this guideline, the sample size was rounded to 385 to facilitate equal distribution across the five taluks in Gadag district. Using a purposive sampling design, 77 respondents were selected from each taluk Gadag, Naragund, Ron, Mundaragi, and Shirahatti regardless of the actual population size in each area. The same number of respondents were chosen from taluks with varying population sizes. However, this was done intentionally to ensure balanced representation and enable comparative analysis across all selected taluks.

Table 3.2 Distribution of Respondents:

SL. No	Taluks	Urban	Rural	Total
1.	Gadag	37	40	77
2.	Naragund	37	40	77
3.	Ron	37	40	77
4.	Mundaragi	37	40	77
5.	Shirahatti	37	40	77
6.	Total	185	200	385

The final sample consisted of 185 urban respondents and 200 rural respondents, totalling 385 individuals from the Scheduled Tribe communities. This purposive distribution ensures the inclusion of diverse perspectives from both urban and rural settings, offering a comprehensive understanding of sanitation practices, hygiene awareness, and the impact of the Swachh Bharat Abhiyan across the district.

Inclusion Criteria:

1. The study focused exclusively on Gadag District in Karnataka.
2. Only Scheduled Tribes (ST) residing in the five taluks of Gadag district were included.
3. Participants aged 18 years or older were considered.
4. Both urban and rural areas were included.

Exclusion Criteria:

1. Taluks other than the five selected taluks of Gadag district were excluded.
2. Individuals who are not permanent residents of the targeted taluks were excluded.
3. Individuals who did not show willingness to participate were excluded.

Pilot Study:

A pilot study was conducted in the research area with a sample of 50 participants to evaluate the effectiveness of the data collection tools. A self-structured interview schedule was developed in alignment with the study objectives. The purpose of the pilot study was to assess the reliability and validity of the interview schedule, ensuring its effectiveness in gathering accurate data. Based on the findings, necessary modifications were made to improve clarity and precision. The refined interview schedule was then implemented for primary data collection, ensuring that the research tools captured relevant and reliable information.

Reliability Test	
Cronbach's Alpha	No of Items
.917	82

A reliability test using Cronbach's Alpha was conducted to determine the internal consistency of the questionnaire. As noted by Babbie (2010), reliability refers to the extent to which a given technique, when applied repeatedly to the same object, yields the same outcomes. The reliability score was found to be 0.917 for 82 items, indicating a high level of reliability. To further ensure the effectiveness of the research tool, a pilot study was conducted with 50 respondents. This helped refine the questionnaire by identifying and addressing any ambiguities in the statements. Each question was carefully reviewed to align with the research objectives and cover key aspects of the study. Expert consultations were sought to evaluate the questionnaire's clarity, content relevance, and overall effectiveness. Informal discussions with

subject experts further validated the consistency of responses, ensuring that the instrument accurately captured the required data. These systematic steps ensured that the questionnaire was reliable, well-structured, and suitable for data collection. The refined instrument provided dependable insights, contributing to the credibility and accuracy of the research findings.

Tools and Techniques of Data Collection:

A self-structured interview schedule was designed to systematically collect data from Scheduled Tribes (ST) communities in Gadag district. This tool focused on critical aspects such as sanitation practices, hygiene awareness, behavioral changes, and the impact of the Swachh Bharat Abhiyan (SBA). The interview schedule was carefully structured to ensure clarity, relevance, and accuracy in gathering responses. It aimed to capture reliable data by addressing key variables related to sanitation and hygiene, ensuring a comprehensive understanding of the SBA's effectiveness within the ST communities.

Methods of Data Collection:

1. Primary Data Collection:

To achieve the objectives of this study, a structured quantitative data collection approach was employed. A structured interview schedule was designed to systematically collect information from members of the Scheduled Tribes (ST) communities. The interview scheduled was focused on the socio-demographic profile of the respondents, awareness of Swachh Bharat Abhiyan, attitude and practice of Swachh Bharat Abhiyan, household cleanliness and personal hygiene, and personal and community health.

2. Secondary Data Collection:

Secondary data served as a vital source for understanding the historical and contextual aspects of sanitation and hygiene in Gadag district. Reliable sources such as government reports, policy documents, research articles, and NGO reports were examined to provide supporting evidence for the study. Scholarly literature from databases including Shodhganga, Jstor, Sage, Springer, and Google Scholar were analyzed to assess the effectiveness of SBA and similar sanitation initiatives. Furthermore, reference books, academic journals, and official records were reviewed to gain insights into sanitation policies, implementation barriers, and best practices.

By integrating secondary data, the study ensured a comprehensive and complete analysis, reinforcing the findings derived from primary data collected.

Data Analysis and Interpretation:

Analyzing and interpreting data is essential for evaluating the impact of the Swachh Bharat Abhiyan (SBA) on the Scheduled Tribes (ST) community in Gadag district. A structured research approach was used to systematically collect data from respondents across five taluks. This study adopted a quantitative method to examine sanitation practices, hygiene awareness, behavioral shifts, and the overall effectiveness of SBA initiatives in the community.

The collected data were carefully reviewed to ensure accuracy and completeness. Any inconsistencies, such as missing or incorrect responses, were addressed during data cleaning. After organizing the data, statistical analysis was performed using the Statistical Package for Social Sciences (SPSS). Descriptive statistics, including frequency and percentage distributions, were employed to identify key trends. To study the awareness of Swachh Bharat Abhiyan, attitudes and practices related to Swachh Bharat Abhiyan, household cleanliness and personal hygiene, as well as personal and community health of the respondents, the researcher totalized the related question scores and categorized them into high, moderate, and low levels using SPSS for better understanding, analysis, and interpretation. Additionally, statistical tests like t-tests, chi-square tests, ANOVA, correlation analysis, and regression models were used to assess the factors influencing sanitation behaviors and program success. The results were presented using tables and graphical representations, providing a clear and detailed understanding of the impact of SBA on hygiene and sanitation within the ST community.

Ethical Consideration:

This study was conducted with official approval from the Project Director at Zilla Panchayat, Gadag, permitting data collection from the Scheduled Tribes (ST) community in selected taluks. Prior to conducting interviews, participants were fully informed about the study's purpose, the nature of the questions, and the estimated time required. Written consent was obtained to ensure voluntary participation. Individuals were assured that they could withdraw at any time without facing any consequences.

Confidentiality and anonymity were strictly upheld. Personal details and sensitive information shared by participants remained confidential, and their identities were not disclosed. The collected data was used exclusively for research, focusing on sanitation practices, hygiene awareness, and the impact of the Swachh Bharat Abhiyan (SBA) on the community. The study adhered to ethical research standards, ensuring that participants' rights, dignity, and privacy were respected throughout the process.

Limitations of the Study:

1. The research was confined to the Gadag district, which may restrict the applicability of the results to other geographical areas with different socio-cultural contexts.
2. This study specifically focused the Scheduled Tribes (ST) community within Gadag, thereby excluding insights from other social groups that might also experience sanitation-related challenges.

Organization of the Thesis:

Chapter I- Introduction: This chapter covers the Introduction, Origin and Development of India's Swachhata Legacy, India's Ancient Swachhata Sanskriti and Its Relevance to Waste Management, The Wisdom of the Mahatma, Concept of Cleanliness in the Indian Context, Swachh Bharat Mission, Goals of the Swachh Bharat Mission, Objectives of the Swachh Bharat Abhiyan, History of the Swachh Bharat Abhiyan, Components of the Swachh Bharat Mission, Strategy of the Swachh Bharat Abhiyan, Swachh Bharat Mission – Grameen (SBM) Phase I (2014–2019), Swachh Bharat Mission – Grameen (SBM) Phase II (2019–2025), Swachh Bharat Mission (Urban), Sanitation, Government Initiatives to Improve Sanitation Programs, Health, Tribal Health: Challenges and Initiatives, Hygiene, Scheduled Tribes, Meaning and Definition of Tribe, Characteristics of Tribes, Problems and Challenges Faced by Tribes, Constitutional Provisions for Scheduled Tribes, Legal Provisions for Scheduled Tribes, Impact of Swachh Bharat Abhiyan on the Scheduled Tribe Community, and Conclusion.

Chapter II - Review of Literature: In this chapter, a thorough review of studies examining the Swachh Bharat Mission's impact on Scheduled Tribe communities in Gadag district is presented. Research on awareness explores education campaigns, community meetings, and media outreach that have increased knowledge of sanitation goals and resources. Investigations into attitudes and practices analyze shifts in open-defecation behaviours, toilet usage, and water-handling routines following household-level interventions. Studies on health and

hygiene link improved facilities to reductions in diarrheal disease, skin infections, and child morbidity among tribal households. Finally, the chapter assesses the overall impact of SBM initiatives by evaluating infrastructure sustainability, changes in social norms, and remaining barriers to universal adoption.

Chapter III- Research Methodology: This chapter includes the Statement of the Problem, Need for the Study, Significance of the Study, Title of the Study, Hypothesis of the Study, Universe of the Study, Profile of the Study Area, Geography of Gadag District, Operational Definitions, Research Design, Sample Design, Sample Size, Methods of Data Collection, Pilot Study, Tools and Techniques of Data Collection, Data Analysis and Interpretation, Inclusion Criteria, Exclusion Criteria, Ethical Considerations, Limitations of the Study, and Organization of the Thesis.

Chapter IV- Data analysis and Interpretation: This chapter focuses on different aspects of data analysis and interpretation. It presents the profile of the respondents, detailing their demographic and socioeconomic characteristics, and describes the development and validation of the scales used to measure key variables related to the impact of the Swachh Bharat Mission, including awareness, attitudes, and practices. It also applies inferential statistical techniques Chi-square tests to examine associations between categorical variables, correlation and t-tests to assess relationships and mean differences, and ANOVA to compare group means across multiple categories in order to test the research hypotheses. Each analysis is accompanied by a clear statement of results and an interpretation in light of the study's objectives.

Chapter V- Findings, Discussion, Suggestion and Conclusion: This chapter summarizes the major findings of the study and highlights key issues that emerged from the data. Some of these issues are discussed in detail, as they reflect important aspects of field reality that warrant deeper reflection and analysis. These discussions are presented to provide context and insight into the practical implications of the findings. Suggestions are offered using various social work methods, techniques, and skills, recognizing that social work is an applied discipline that engages directly with the lives of individuals and communities. The chapter concludes with the main conclusions drawn from the study.

Major Findings:

Findings and Discussion of Socio-Demographic Profile of Respondents:

- **Age of the Respondents:** The finding that 70.6% of respondents in the ST community are aged 50 or younger suggests a relatively young demographic profile. This aligns with broader trends in urban and suburban areas, where younger populations dominate due to migration and economic opportunities (Parker, K., 2018). Cities, in particular, have seen significant growth among young adults who move in search of education, jobs, and lifestyle preferences, while rural areas tend to have older populations.

  A similar shift has been observed in Arkansas communities, where the influx of younger groups—such as Hispanic families with school-age children—has reshaped demographic structures (Farmer, F., 2008). Millennials and younger generations have played a key role in driving population growth and increasing diversity, particularly in metropolitan areas. Between 2010 and 2015, minorities accounted for 78% of young adult growth in suburban communities, further highlighting the impact of younger age groups on demographic trends.
- **Gender of the Respondents:** The finding of a nearly equal gender distribution—48.6% male and 51.4% female ensures balanced representation, which is crucial for reducing bias and improving the reliability of research findings. Studies emphasize the benefits of gender-balanced samples in both academic research and organizational settings. Kanter's theory on gender diversity suggests that when men and women each make up at least 40% of a group, it fosters more equitable outcomes, reduces biases, and promotes positive perceptions in workplaces and other environments (Steffens et al., 2019).

  Similarly, global health surveys highlight the importance of balanced gender data to ensure accurate insights into gender-related influences on health and development. Imbalanced samples can lead to skewed findings, limiting the effectiveness of policies and interventions (Weber et al., 2021). Gender analysis frameworks further reinforce the need to examine gender representation in research and decision-making to ensure policies are inclusive and address the needs of all genders equitably.

- **Educational Qualification:** The finding that 75.3% of respondents have not advanced beyond secondary education highlights the barriers to higher education. This issue is reflected in global and regional studies that emphasize disparities in educational access. For instance, research by Shariff and Sharma (2014) found that only 10% of university-age

students in India have access to higher education, with socio-economic and regional inequalities playing a major role (Times of India, 2014).

One key factor limiting higher education access is financial constraints. A study on **f**ree secondary education in Ghana revealed that students who received scholarships were significantly more likely to complete secondary school and enroll in tertiary education, with the impact being particularly strong for women (Duflo, Dupas, & Kremer, 2021). This suggests that financial barriers remain a critical hurdle, and expanding scholarship programs or financial aid initiatives could help bridge the gap for students seeking higher education opportunities.

- **Occupation:** The finding that 38.7% of respondents rely on agriculture and 30.9% on daily wage labour highlights economic vulnerability and the lack of stable employment opportunities. This trend is common in rural economies, particularly in developing regions, where agriculture and informal labour remain the primary sources of livelihood. Wage labour, despite being low-paying and unstable, serves as a crucial safety net for many low-income households. A report on rural labour markets emphasizes that while these jobs help individuals cope with poverty, they do not provide long-term financial security. To achieve sustainable economic progress, there is a need for better-paying and more stable employment opportunities (Mueller & Chan, 2015).

  Agricultural productivity plays a significant role in shaping local economies by influencing employment and wages. Research from India indicates that productivity improvements can lead to higher wages but may also reduce the demand for hired labour, resulting in mixed effects on poverty levels (Santangelo, 2016). While increased agricultural efficiency contributes to economic growth, it does not always translate to greater job availability. This highlights the need for rural economies to diversify employment opportunities beyond agriculture, ensuring more stable and sustainable income sources for workers. Expanding access to skills training, financial support, and alternative livelihood opportunities can help reduce economic vulnerability and improve long-term prospects for rural communities.

- **Family Monthly Income:** The finding that 89.3% of respondents earn ₹10,000 or less per month highlights widespread low-income levels and financial constraints, reflecting broader patterns of income inequality in India. Research on extreme inequality shows that rural earnings were only half of urban earnings in 2018–2019, illustrating stark regional

income disparities. Additionally, marginalized communities, such as Scheduled Castes, earned only 55% of the income of more advantaged groups, further reinforcing patterns of economic exclusion and social inequity (Anand & Thampi, 2021). These disparities indicate that low-income populations face systemic barriers that limit their ability to improve their financial conditions.

The Asian Development Bank also highlights that despite India's economic growth, a significant portion of the population remains trapped in low-income brackets due to structural barriers such as limited access to education, healthcare, and stable employment. These factors restrict upward mobility and contribute to persistent financial struggles among disadvantaged groups. Addressing these challenges requires targeted interventions, including improving access to quality education, expanding social security measures, and creating more sustainable job opportunities to help bridge the income gap and enhance economic inclusion.

- **Location**: The nearly balanced representation of rural (51.9%) and urban (48.1%) residents ensures a diverse range of perspectives, which is essential for understanding socioeconomic trends and policy implications. Research on rural-urban dynamics in India suggests that while disparities exist, the gap between these two populations has been narrowing in key areas such as education, occupation choices, and wages. A study by Hnatkovska and Lahiri (2012) found that between 1983 and 2005, rural and urban India experienced increasing integration, reflecting shared experiences and evolving economic patterns. This convergence highlights the importance of maintaining a balanced representation in research to capture the full spectrum of challenges and opportunities faced by both rural and urban communities.

  A study published in Economic & Political Weekly (2021) further quantifies rural-urban disparities in the standard of living across Indian states. While significant differences in income, access to services, and infrastructure persist, the study underscores the necessity of incorporating perspectives from both rural and urban areas to design effective welfare policies. The Ministry of Statistics & Programme Implementation (2024) also emphasizes the projected urban growth in India, with more than 40 percent of the population expected to reside in urban areas by 2030. This demographic shift highlights the evolving nature of

India's socioeconomic landscape and reinforces the need for data-driven policies that address the needs of both rural and urban populations.

- **Marital Status:** The finding that 86.8% of the sample is married, with only 11.7% unmarried and 1.6% widowed, aligns with broader trends observed in India's marital landscape. Marriage remains a nearly universal institution in India, deeply rooted in cultural and social traditions. According to Census 2011, the majority of the population is married, with 49.9% of women and 46% of men reporting their marital status as "currently married." Additionally, the proportion of widowed individuals is significantly higher among women (7.4%) than men (2%), reflecting gendered patterns in longevity and remarriage trends. These statistics highlight the central role of marriage in Indian society, particularly for women, who often experience greater social and economic dependence on marital unions.

  Data from the National Family Health Survey (NFHS) further supports the notion that marriage is nearly universal in India, with very few individuals remaining unmarried throughout their lives. This trend is especially pronounced in rural and traditional settings, where societal norms strongly encourage early and nearly compulsory marriage. A study by Singh, Shekhar, and Shri (2023) examined marriage trends over the past three decades (1992–2021) and found consistent patterns in the age at first marriage and its determinants, reinforcing the importance of marriage as a defining institution in Indian society. Given these findings, it is crucial to consider the implications of marital trends on social policies, particularly regarding women's empowerment, economic independence, and access to education and healthcare.

- **Type of Family:** The increasing prevalence of nuclear families, with 84.2% of respondents living in such household structures, reflects a broader societal transformation in India. Traditionally, joint families were the dominant household structure, providing social and financial support across generations. However, modern economic and social changes have led to a shift toward smaller family units. Data from Census 2011 indicates that nuclear families accounted for about 70% of all households, with the trend being particularly strong in urban areas, where nearly 74% of families live independently. Factors such as economic development, rising urbanization, and evolving social norms have contributed to this transition, as individuals seek greater autonomy and financial independence (Gupta, 2016).

Urbanization has been a major driver of this shift, as cities offer better employment opportunities, education, and living standards. The rising cost of living, especially in metropolitan areas, makes it difficult for large joint families to sustain themselves under one roof. Additionally, changing mindsets, particularly among younger generations, favor nuclear families where decision-making is more independent, and personal space is prioritized. The transformation of family structures in India reflects not only economic factors but also a cultural evolution that is redefining relationships, caregiving responsibilities, and social support systems (Ahuja, 2018).

- **Type of Homeownership:** The high homeownership rate of 90.1% among respondents reflects a deeply ingrained cultural and financial aspiration for property ownership in India. Homeownership is often viewed as a symbol of stability, security, and long-term investment, making it a priority for most households. According to Census 2011, the national homeownership rate was 86.6%, with significant regional variations—Bihar recorded the highest rate at 96.8%, while Sikkim had the lowest at 64.5%. These figures highlight how socio-economic factors, housing policies, and affordability influence ownership patterns across different states.

  In urban India, the desire to own a home remains strong despite rising property prices and affordability challenges. A report by Business Standard-Knight Frank revealed that 80% of urban Indians aspire to own homes, with home loans being the most preferred financing option. This trend underscores the economic significance of real estate as an asset class and the cultural emphasis on homeownership as a measure of success and stability. With increasing urbanization and government incentives such as affordable housing schemes and tax benefits on home loans, homeownership is expected to remain a key financial goal for many Indians (Sinha, 2023).

- **Type of Ration Card:** A significant portion of the population holding BPL (84.2%) and Antyodaya (8.3%) cards reflects the economic challenges faced by marginalized communities and their reliance on government welfare programs. Research indicates that disadvantaged social groups, such as Adivasis and Dalits, have higher rates of BPL cardholding, highlighting persistent economic vulnerabilities. Studies show that 71% of Adivasis and 54% of Dalits with ration cards hold BPL cards, underscoring the necessity of targeted social safety nets to support these communities (Sharma, Gupta, & Pandey,

2022). These findings suggest that while welfare programs provide crucial assistance, the high dependency on such schemes also signals systemic socio-economic disparities that need to be addressed through long-term policy interventions.

The Antyodaya Anna Yojana (AAY) has played a vital role in enhancing food security for the poorest households by ensuring access to heavily subsidized food grains. Research highlights its effectiveness in mitigating extreme hunger; however, challenges such as inclusion errors, inefficiencies in distribution, and corruption undermine its full potential (Chinnadurai, 2014). Ensuring transparency and improving the implementation of these welfare programs are crucial for maximizing their impact. Strengthening monitoring mechanisms, reducing bureaucratic inefficiencies, and promoting community participation in the distribution process can enhance the effectiveness of these social safety nets, ultimately leading to better food security and economic stability for vulnerable populations.

- **Land Holding**: The high percentage of landless individuals and small-scale landowners in India reflects ongoing challenges in land distribution and agricultural dependency. Land remains a critical asset for economic stability, particularly in rural areas where farming is a primary livelihood. The National Sample Survey Office (NSSO) 70th Round data highlights that a significant proportion of rural households own less than one hectare of land, underscoring the prevalence of small-scale agriculture. Additionally, a notable share of households remains entirely landless, making them highly dependent on wage labour and government welfare programs for survival (Ministry of Statistics & Programme Implementation, 2014).

  Studies on land rights indicate that land distribution is highly skewed, with wealthier groups controlling a larger share while marginalized communities struggle with insecure land tenure. The high rate of landlessness among rural households, particularly among Scheduled Castes and Scheduled Tribes, further exacerbates economic inequality. Many of these communities rely on low-paying, informal labour, making them more vulnerable to financial instability. Addressing these disparities requires policies that promote fair land access, strengthen land rights for marginalized groups, and provide alternative livelihood opportunities. Supporting small-scale farmers with better infrastructure, financial aid, and skill development programs can enhance agricultural productivity and improve overall economic resilience.

Findings of Hypotheses Tests:

1. **Hypothesis 1**: **There is an association between gender and all dependent variables: awareness of Swachh Bharat Abhiyan, attitude and practice towards Swachh Bharat Abhiyan, household cleanliness and personal hygiene, and personal and community health among the respondents.**
    - It is observed that there is a statistically significant association between gender and awareness of the Swachh Bharat Abhiyan among the respondents. This indicates that awareness levels about the Swachh Bharat Abhiyan differ meaningfully between male and female respondents.
    - It is observed that there is no statistically significant association between gender and the attitude and practice towards the Swachh Bharat Abhiyan among the respondents. This suggests that both male and female respondents share similar attitudes and practices related to the Swachh Bharat Abhiyan
    - It is observed that there is a statistically significant association between gender and household cleanliness and personal hygiene among the respondents. This suggests that male and female respondents differ in their practices or awareness related to cleanliness and personal hygiene within the household.
    - It is observed that there is a statistically significant association between gender and personal and community health among the respondents. This indicates that gender influences the level of awareness or engagement in personal and community health-related practices.
2. **Hypothesis 2**: **There is a significant correlation between age and all dependent variables: awareness of Swachh Bharat Abhiyan, attitude and practice towards Swachh Bharat Abhiyan, household cleanliness and personal hygiene, and personal and community health among the respondents.**
    - The correlation analysis revealed no statistically significant relationship between age and awareness of Swachh Bharat Abhiyan ($r = -0.021$, $p = 0.685$). This suggests that age does not meaningfully influence individuals' awareness of the initiative, supporting the rejection of the hypothesis that there is a significant relationship between age and awareness of Swachh Bharat Abhiyan.
    - The correlation analysis indicated a statistically significant negative relationship between age and attitude and practice towards Swachh Bharat Abhiyan ($r = -0.154$, $p = 0.002$). This result shows that as age increases, individuals' engagement and attitudes

towards the Swachh Bharat Abhiyan tend to decrease, confirming the hypothesis that there is a significant relationship between age and attitude and practice towards the initiative.

- The correlation analysis found no statistically significant relationship between age and household cleanliness and personal hygiene ($r = -0.074$, $p = 0.149$). This suggests that age does not significantly impact individuals' cleanliness and hygiene practices, leading to the rejection of the hypothesis that there is a significant relationship between age and household cleanliness and hygiene.
- The correlation analysis revealed no statistically significant relationship between age and personal and community health ($r = 0.004$, $p = 0.938$). This suggests that age does not meaningfully influence personal and community health outcomes, and the hypothesis proposing a significant relationship between age and personal and community health is therefore rejected.

3. **Hypothesis 3**: **There is a significant difference between educational level and all the dependent variables: awareness of Swachh Bharat Abhiyan, attitude and practice towards Swachh Bharat Abhiyan, household cleanliness and personal hygiene, and personal and community health of the respondents.**
    - It is observed that there is a statistically significant difference in awareness of the Swachh Bharat Abhiyan among respondents across different education levels. This suggests that education plays an important role in shaping individuals' awareness, with higher levels of education likely associated with greater awareness of the initiative.
    - It is observed that there is no statistically significant difference in attitude and practice towards the Swachh Bharat Abhiyan across different education levels. This implies that respondents, regardless of their educational background, tend to hold similar attitudes and practices related to the initiative.
    - It is observed that there is no statistically significant difference in household cleanliness and personal hygiene practices among respondents with varying levels of education. This indicates that education does not substantially influence how individuals maintain cleanliness and hygiene in their households.
    - It is observed that there is no statistically significant difference in personal and community health across different education levels. This suggests that factors other than education may have a more direct impact on health-related outcomes in the community.

4. **Hypothesis 4: There is a relationship between income and all dependent variables: awareness of Swachh Bharat Abhiyan, attitude and practice towards Swachh Bharat Abhiyan, household cleanliness and personal hygiene, and personal and community health among the respondents.**
    - The correlation analysis revealed a statistically significant negative relationship between income and awareness of the Swachh Bharat Abhiyan ($r = -0.138$, $p = 0.007$). This suggests that as income increases, awareness levels tend to decrease. Hence, the hypothesis is supported for awareness.
    - A significant negative correlation was also found between income and attitude and practice toward the Swachh Bharat Abhiyan ($r = -0.125$, $p = 0.014$). This indicates that individuals with higher incomes are less likely to engage positively with the initiative. Therefore, the hypothesis is accepted for this variable.
    - The results show a statistically significant negative correlation between income and household cleanliness and personal hygiene ($r = -0.140$, $p = 0.006$), indicating that cleanliness practices tend to decline with increasing income. This supports the hypothesis for this variable.
    - Similarly, a significant negative relationship was identified between income and personal and community health ($r = -0.118$, $p = 0.020$). This suggests that lower-income individuals report slightly better personal and community health practices. Thus, the hypothesis is accepted for this dimension as well.

5. **Hypothesis 5: There is a significant difference between occupation and all the dependent variables: awareness of Swachh Bharat Abhiyan, attitude and practice towards Swachh Bharat Abhiyan, household cleanliness and personal hygiene, and personal and community health of the respondents.**
    - The ANOVA test results show a statistically significant variation in awareness levels of the Swachh Bharat Abhiyan among different occupational categories ($F = 3.806$, $p = 0.000$). This indicates that occupation meaningfully influences individuals' awareness, supporting the hypothesis that awareness varies by occupation.
    - The analysis revealed no statistically significant difference in attitude and practice related to the Swachh Bharat Abhiyan among respondents with different occupations ($F = 1.483$, $p = 0.162$). This suggests that occupation does not have a substantial effect on how individuals engage with the campaign in terms of behaviour or mindset.

- The ANOVA results (F = 1.587, p = 0.127) indicate that household cleanliness and hygiene practices do not significantly differ across occupational groups. Thus, occupation is not a determining factor in shaping cleanliness and hygiene behaviours among the study participants.
- The findings (F = 1.788, p = 0.078) demonstrate that personal and community health outcomes do not significantly vary across occupational groups. This suggests that occupation does not play a decisive role in influencing health status, and other factors may be more relevant.

6. **Hypothesis 6**: **There is a significant difference between place of residence and all the dependent variables: awareness of Swachh Bharat Abhiyan, attitude and practice towards Swachh Bharat Abhiyan, household cleanliness and personal hygiene, and personal and community health of the respondents.**
   - The Independent Samples T Test showed no statistically significant difference in awareness levels between urban and rural residents (t = 1.298, p = 0.195). The mean difference of 1.393 and a 95% confidence interval that includes zero (−0.718 to 3.505) confirm that place of residence does not significantly affect awareness of the Swachh Bharat Abhiyan.
   - The T Test results indicate a significant difference in attitude and practice between urban and rural respondents (t = 4.941, p = 0.000). The mean difference was 4.184, with a 95% confidence interval from 2.519 to 5.848, which does not include zero. This confirms that place of residence significantly influences attitudes and practices toward the Swachh Bharat Abhiyan.
   - The T Test results show no significant difference in cleanliness practices across places of residence (t = 1.739, p = 0.083). The mean difference was 2.505, and the confidence interval (−0.326 to 5.336) includes zero, suggesting that cleanliness behaviours are not significantly influenced by whether an individual lives in a rural or urban area.
   - The analysis found no significant effect of place of residence on personal and community health (t = 0.295, p = 0.768). The mean difference was 0.346, with a 95% confidence interval from −1.962 to 2.655, which includes zero. This leads to the rejection of the hypothesis that residence location significantly affects health outcomes.
7. **Hypothesis 7: There is a significant difference between family structure and all the dependent variables: awareness of Swachh Bharat Abhiyan, attitude and practice**

towards Swachh Bharat Abhiyan, household cleanliness and personal hygiene, and personal and community health of the respondents.

- The Independent Samples T Test showed no statistically significant difference in awareness levels between respondents from different family structures ($t = 0.096$, $p = 0.923$). The mean difference was 0.142, indicating minimal variation. The assumption of equal variances was satisfied ($F = 0.024$, $p = 0.877$). These results lead to the rejection of the hypothesis, confirming that family structure does not significantly influence awareness of the Swachh Bharat Abhiyan.
- The T Test revealed a statistically significant difference in attitude and practice based on family structure ($t = 2.099$, $p = 0.036$). The mean difference was 2.494. Equal variances were assumed ($F = 2.537$, $p = 0.112$). These results support the hypothesis that family structure plays a meaningful role in shaping individuals' attitudes and practices regarding the Swachh Bharat Abhiyan.
- The T Test results showed a statistically significant difference in cleanliness and hygiene practices based on family structure ($t = 2.092$, $p = 0.039$). Levene's Test indicated unequal variances ($F = 9.194$, $p = 0.003$), and thus the unequal variances row was interpreted. The mean difference of 3.253 supports the hypothesis that family structure significantly influences household cleanliness and hygiene behaviours.
- The T Test revealed no significant difference in personal and community health between family types ($t = 0.662$, $p = 0.509$). The assumption of equal variances was met ($F = 2.376$, $p = 0.124$), and the mean difference was 1.062. Since the p-value exceeds 0.05, the hypothesis that family structure influences personal and community health is not supported in this study.

8. **Hypothesis 8: There is a significant difference between type of house and all the dependent variables: awareness of Swachh Bharat Abhiyan, attitude and practice towards Swachh Bharat Abhiyan, household cleanliness and personal hygiene, and personal and community health of the respondents.**

    - The results from the one-way ANOVA showed a statistically significant difference in awareness levels of the Swachh Bharat Abhiyan based on the type of house ($F = 4.776$, $p = 0.009$). The between-groups sum of squares was 1039.659, with a mean square of 519.830. As the p-value is less than 0.05, the hypothesis that the type of house influences awareness of the Swachh Bharat Abhiyan is supported by these findings.

- The ANOVA results revealed no statistically significant difference in attitude and practice towards Swachh Bharat Abhiyan based on house type (F = 0.753, p = 0.472). The between-groups sum of squares was 110.191 with a mean square of 55.095. Since the p-value exceeds the 0.05 threshold, the hypothesis suggesting that attitude and practice vary according to house type is not supported by this analysis.
- The ANOVA showed a statistically significant difference in household cleanliness and personal hygiene based on type of house (F = 4.704, p = 0.010). The between-groups sum of squares was 1849.425 with a mean square of 924.713. Given the p-value is less than 0.05, the hypothesis that cleanliness and hygiene practices vary according to house type is supported by this analysis.
- The ANOVA results indicate a statistically significant difference in personal and community health based on the type of house (F = 3.995, p = 0.019). The between-groups sum of squares was 1039.872 with a mean square of 519.936. Since the p-value is less than 0.05, the results suggest that the type of house influences personal and community health, supporting the hypothesis that housing conditions impact health outcomes.

9. **Hypothesis 9: There is a significant impact of awareness of Swachh Bharat Abhiyan on household cleanliness and personal hygiene, and personal and community health among the scheduled tribes' community.**

- It is observed that there is a statistically significant and positive relationship between awareness of the Swachh Bharat Abhiyan and improvements in household cleanliness and personal hygiene. The regression results show a significant unstandardized coefficient (B = 0.869) with a t-value of 16.590 and a p-value of 0.000. This indicates that higher levels of awareness about the Swachh Bharat Abhiyan lead to better household cleanliness and personal hygiene practices.
- It is observed that there is a statistically significant and positive relationship between awareness of the Swachh Bharat Abhiyan and personal and community health. The regression results yield an unstandardized coefficient (B = 0.625) with a t-value of 13.687 and a p-value of 0.000. This suggests that increased awareness of the Swachh Bharat Abhiyan contributes significantly to better health outcomes at both the individual and community levels.

10. **Hypothesis 10: There is a significant influence of the attitude and practice of the Swachh Bharat Abhiyan on household cleanliness and personal hygiene, as well as on personal and community health of the respondents.**
    - It is observed that there is a statistically significant positive relationship between the attitude and practice of the Swachh Bharat Abhiyan and household cleanliness and personal hygiene. The linear regression analysis reveals an unstandardized coefficient (B = 1.083) for attitude and practice, with a t-value of 16.930 and a p-value of 0.000. The standardized beta coefficient of 0.654 further indicates a strong influence of the attitude and practice of Swachh Bharat Abhiyan on household cleanliness and personal hygiene. This suggests that as attitudes and practices related to the Swachh Bharat Abhiyan improve, there is a notable enhancement in household cleanliness and personal hygiene.
    - It is observed that there is a statistically significant positive relationship between the attitude and practice of the Swachh Bharat Abhiyan and personal and community health. The regression analysis shows an unstandardized coefficient (B = 0.781), with a t-value of 13.963 and a p-value of 0.000. The standardized beta coefficient of 0.581 further supports a significant influence on personal and community health. These results indicate that better attitudes and practices related to Swachh Bharat Abhiyan are significantly associated with improved personal and community health outcomes.

Conclusion:

The study on the *Impact of Swachh Bharat Abhiyan on Scheduled Tribes Community in Gadag District: A Social Work Perspective* highlights the program's significant influence on sanitation practices, hygiene awareness, and community participation. It underscores the importance of targeted interventions in marginalized communities, addressing both structural and socio-economic barriers that impact their effectiveness. Ensuring proper sanitation, fostering behavioural change, and improving hygiene practices are crucial for sustainable public health outcomes.

Gadag district being an agriculture-dependent district in Karnataka major part of the respondents belong to the agriculture background. This demographic quality of the respondents plays a vital role in defining the research problem and beats all scientific guesses that the researchers hold before entering into the geographical research area. This particular thing,

irrespective of their educational qualification, brings them back to the roots of agricultural beliefs and links them with traditional practices. Cleanliness, hygiene—all these terminologies sound extraterrestrial to the busy people. Swachh Bharat Abhiyan is that unique approach that has to peer into these cultural, traditional, and belief-bound shells of people and initiate change in behaviour. To make this behavioural change sustainable, the government needs to know the ground realities and structure IEC programs based on these needs. It is not only one set of generations affected by this, but the forthcoming generations, more than learning from outside the family setup, get influenced by the practices of elders at home. Though 2019-20 pandemic-like situations have motivated, in short, forced people to practice hygiene and cleanliness, people perceive it as the government's responsibility more than their own.

Socio-demographic factors play a critical role in shaping sanitation behaviours and engagement with government initiatives. Education levels, economic stability, and household structures influence the adoption and sustainability of hygiene practices. Financial constraints, limited access to higher education, and reliance on informal labour sectors present systemic challenges that must be addressed alongside sanitation programs. Strengthening economic opportunities, expanding educational access, and enhancing community-driven initiatives will contribute to long-term improvements in sanitation and overall well-being.

The study also emphasizes the need for greater awareness and community participation in sanitation efforts. Effective outreach strategies and behavioural change initiatives are essential for ensuring the long-term adoption of hygiene practices. Involvement of local stakeholders, such as community leaders and grassroots workers, helps bridge knowledge gaps and encourages active engagement. Sustained interventions, reinforced through education and continuous public health messaging, are necessary to establish long-lasting cleanliness habits and improved living conditions.

Despite the progress made under Swachh Bharat Abhiyan, challenges such as inconsistent maintenance of sanitation facilities, limited access to clean water, and financial barriers remain pressing concerns. A holistic approach that integrates sanitation programs with broader social development strategies including education, employment generation, and infrastructure improvements can maximize their impact. By fostering inclusive and participatory approaches, sanitation initiatives can promote social empowerment and enhance the quality of life for marginalized communities.

In conclusion, sustainable sanitation solutions require more than just infrastructure development; they must address the social and economic factors influencing their success. Strengthening community-driven approaches, ensuring equitable access to resources, and prioritizing education and behavioural change initiatives are key to achieving long-term public health benefits. Continued policy support, active community involvement, and strategic interventions will be essential in driving lasting improvements in sanitation and social well-being.

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